

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: 07/01/2017-09/30/2017

Grantee Name: New Beginnings

Pregnancy Care Center

0000950680

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	2	1	2	4	0	2	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	3	0	2	1	2

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
4	7	0

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
8	0	0	1	0	2	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	10	1

### 6. Client Type:

Mother	Father	Grandparent	Other
9	1	0	1

